



Summary of Community Preventive Services Task Force Recommendation

The Community Preventive Services Task Force (CPSTF) recommends team-based care to improve blood pressure control in patients with hypertension (high blood pressure). This is based on strong evidence of effectiveness in increasing the number of patients with their blood pressure under control compared to usual care.



What is Team-Based Care to Improve Blood Pressure Control?

Team-based care to improve blood pressure control relies on multidisciplinary teams at health-system and organizational levels to improve the quality of hypertension care for patients.

Each team includes a patient, the patient's primary care provider, and other professionals, such as nurses, pharmacists, dietitians, social workers, and community health workers. Team members share responsibilities, such as medication management, patient follow-up, and adherence and self-management support.

Major Findings

Overall, team-based care increased the number of patients whose blood pressure was under control compared to usual care. Teams were most effective when they included pharmacists and when team members could change patients' medications, either independent of the primary care provider or with their approval or consultation.

Team-based care decreased both systolic and diastolic blood pressure. It also was effective in improving patient outcomes for other cardiovascular disease risk factors, such as blood glucose and cholesterol levels

The available economic evidence shows team-based care is a cost-effective intervention for blood pressure control, with the median cost per quality-adjusted life year (QALY) gained falling below a \$50,000 benchmark for cost effectiveness.

Facts about High Blood Pressure

- Nearly 75 million U.S. adults have high blood pressure and only about half have their condition under control.¹
- High blood pressure increases risk for heart attack, stroke, chronic heart failure, and kidney disease.²
- Cardiovascular disease costs the United States approximately \$316 billion each year in health care services, medications, and lost productivity from premature mortality.³

Learn More

Summary of Evidence and CPSTF Finding and Full-text Publications

<https://www.thecommunityguide.org/findings/cardiovascular-disease-team-based-care-improve-blood-pressure-control>

CDC, High Blood Pressure

<https://www.cdc.gov/bloodpressure/index.htm>

Million Hearts Initiative

<http://millionhearts.hhs.gov/index.htm>

¹ Merai R, Siegel C, Rakotz M, Basch P, Wright J, Wong B; DHSc., Thorpe P. CDC Grand Rounds: A Public Health Approach to Detect and Control Hypertension. *MMWR Morb Mortal Wkly Rep.* 2016 Nov 18;65(45):1261-1264.

² Mozaffarian D, Benjamin EJ, Go AS, et al. Heart Disease and Stroke Statistics-2015 Update: a report from the American Heart Association. *Circulation.* 2015;e29-322.

³ Benjamin EJ, Blaha MJ, Chiuve SE, et al. on behalf of the American Heart Association Statistics Committee and Stroke Statistics Subcommittee. Heart disease and stroke statistics—2017 update: a report from the American Heart Association. *Circulation.* 2017 Mar 7;135(10):e146-e603. doi: 10.1161/CIR.0000000000000485. Epub 2017 Jan 25.

Established in 1996 by the U.S. Department of Health and Human Services, the Community Preventive Services Task Force (CPSTF) is an independent, nonfederal panel of public health and prevention experts whose members are appointed by the director of CDC. The CPSTF provides information for a wide range of decision makers on programs, services, and other interventions aimed at improving population health. Although CDC provides administrative, scientific, and technical support for the CPSTF, the recommendations developed are those of the CPSTF and do not undergo review or approval by CDC. Find more information at www.thecommunityguide.org.